

PLEASE CLICK ON THE COUNTY (OR DEPARTMENT'S) SEAL
TO RETURN TO THIS PAGE

[CLICK ON HERE FOR THE DIRECTOR OF HEALTH AGENCY'S REPORT DATED
FEBRUARY 16, 2016](#)

[CLICK ON HERE FOR THE CHIEF EXECUTIVE OFFICER INTERIM DIRECTOR OF
STRATEGIC INTEGRATION BRANCH'S LETTER DATED MARCH 10, 2016](#)

[CLICK ON HERE FOR THE DIRECTOR OF HEALTH AGENCY'S REPORT DATED
MAY 3, 2016](#)



SACHI A. HAMAI
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

March 10, 2016

Aaron Fox and Wendell Llopis
Co-Chairs of the Integration Advisory Board
Los Angeles County Commission Services
Kenneth Hahn Hall of Administration, B-50
500 West Temple Street
Los Angeles, California 90012

Dear Mr. Fox and Mr. Llopis:

STATUS AND NEXT STEPS FOR THE INTEGRATION ADVISORY BOARD

On August 11, 2015, the County of Los Angeles Board of Supervisors (Board) instructed the Interim Chief Executive Officer (CEO) to convene a temporary Integration Advisory Board (IAB) comprised of representatives from certain County commissions and organized labor from certain County departments. The purpose of the IAB is to serve as an advisory body to the Board and report on a semi-annual basis for two years, on the impact (positive or negative) of the Los Angeles County Health Agency (LACHA) on ongoing Departmental activities and operations and on achieving the County's health related priorities. Per the Board's direction, the IAB will be solely responsible for authoring and preparing reports to the Board.

IAB Monthly Meetings and Formation of Subcommittees

As you know, the IAB held its first public monthly meeting on October 29, 2015, and the IAB convened three additional public meetings through February 2016. At the first meeting, Dr. Christina Ghaly, Director of Health Care Integration at the County CEO, provided an overview on the creation of the Los Angeles County Health Agency and the IAB. During the meeting, members elected co-chairs for the IAB, adopted procedural rules, set a meeting schedule, and held discussion on the goals and responsibilities of the IAB. At the October meeting, members agreed to form subcommittees aligned with the eight Health Agency Strategic Priorities identified by the Health Agency Steering Committee and adopted by the Board on September 29, 2015. Furthermore, at subsequent meetings held on November 23, 2015 and January 27, 2016, IAB members agreed to establish two more subcommittees: Guiding Principles and Mission Statement; and Impact and Framework. Table 1 lists: 1) the nine subcommittees

Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

established by the IAB; 2) subcommittee alignment with LACHA strategic priorities; and 3) presentations by departments and/or subcommittees by topic. We are informed that three subcommittees have presented updates at IAB meetings (as shown in Table 1) while the IAB identify leads and members for other subcommittees.

Table 1: IAB Subcommittees Established by Topic Area ¹	Strategic Priority Area	Presentations and Updates Provided at IAB Meetings	
		Department	Subcommittee
1. Consumer Access and Information System/Electronic Record Sharing	1	1/27: DHS	11/23; 1/27
2. Homelessness	2	2/24: DHS	11/23; 1/27
3. Cultural and Linguistic Competency	4	*	*
4. Diversion of Correctional Inmates to Prevent Re-entry into Correctional System	5	*	*
5. Implementation of the Expanded Substance Use Disorder Benefit	6	1/27: DPH	*
6. Vulnerable Children and Transitional Age Youth	7	*	*
7. Chronic Disease and Injury Prevention	8	2/24: DPH	*
8. Guiding Principles and Mission Statement	-	-	11/23; 1/27
9. Impact and Framework	-	-	*

¹At the time that this letter was drafted, the IAB had not yet created a subcommittee for Priority 3 - Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis".

*Presentation to be provided at future IAB meeting.

Presentations by LACHA Departments

On November 23, 2015, the Committee began to receive presentations from those LACHA departmental representatives who are leading implementation of programs and services related to the strategic priority areas. Following these presentations, IAB members asked questions and requested information to better understand core issues, goals, and next steps. At the November meeting, Dr. Alexander Li, Deputy Director, Care Transitions at Department of Health Services (DHS), presented on the eight strategic priorities and provided an overview of the budget and scope of the three departments comprising the LACHA: the Departments of Health Services, Mental Health (DMH), and Public Health (DPH).

At the IAB meeting held on January 27, 2016, Dr. Nina Park, Chief Executive Medical Officer of Ambulatory Care Network (DHS) and Ms. Debra Davenport, Director of Community Health Services (DPH) provided an update and next steps on six goals under Strategic Priority 1 (consumer access). In addition, Wesley Ford, Director of Community Health and Integrated Program (DPH), presented on the efforts and next steps for Strategic Priority 6 (substance use disorder benefit). During the most recent IAB meeting held on February 24, 2016, Mr. Marc Trotz, Director of Housing for Health (DHS), addressed Strategic Priority 2 (homeless programs); and Dr. Paul Simon, Director of Chronic Disease and Injury Prevention (DPH), highlighted next steps related to Strategic Priority 8.

First Report to the Board

At the February meeting, IAB members discussed a framework for compiling information and other input from members to prepare its first report to the Board. The Chief Executive Office and Executive Office of the Board of Supervisors want to ensure that the IAB has all necessary information needed to compile its first report. If you or any IAB member requires such information, please contact Twila Kerr of the Executive Office of the Board of Supervisors at (213) 974-1431 or at tkerr@bos.lacounty.gov.

Sincerely,



Fesia A. Davenport
Interim Director
Strategic Integration Branch, CEO

FAD:VD:yjf

c: Executive Office, Board of Supervisors
County Counsel
Health Agency

Health Agency

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

February 16, 2016

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director



SUBJECT: **HEALTH AGENCY INTEGRATION UPDATE
(ITEM #S-1, AGENDA OF AUGUST 11, 2015)**

Mitchell H. Katz, M.D.
Health Agency Director

Robin Kay, Ph.D.
Acting Director, Department of Mental Health

Cynthia A Harding, M.P.H.
Interim Director, Department of Public Health

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities.

On August 11, 2015, your Board approved the establishment of a Health Agency to integrate the operations of the Department of Health Services (DHS), Department of Mental Health (DMH) and Department of Public Health (DPH). On November 24, 2015, your Board appointed me to be the Health Agency Director.

Your Board also established a quarterly set item on the Board Agenda in which the Health Agency, DMH and DPH Directors report on the following topics: (a) Progress in achieving agency goals and specific indicators and outcome measures; (b) Financial status of each Department, including any notable changes in funding streams, sources and uses of funds by program and provider type, and number of individuals served; and (c) Stakeholder engagement process. This is the first report.

Progress in Achieving Agency Goals

As detailed in the attachment, the Agency has formed eight workgroups to tackle each of the priorities specified by your Board. The workgroups include experts from each of the three Departments (see Attachment A). To ensure that there is coordination amongst the groups, I have tasked Alexander Li, M.D., one of my Deputy Directors, to track the progress and work of each workgroup to identify opportunities and challenges in achieving the Health Agency's goals.

Since November 2015, all of the workgroups have met two or more times. The discussions have been productive and we made progress in several areas. Below are a few highlights.



Consumer Access and Experience

A comprehensive and streamlined referral workflow has been mapped out for DHS empaneled patients to DMH. Mental health specialists currently provide eConsult services to DHS primary care providers. In addition, designated DHS staff have access to the DMH system to determine if a patient is currently receiving or has received DMH services in the past. Once the eConsult engagement is completed, DMH staff schedules the patient to the appropriate behavioral health services if a face-to-face visit is needed.

Additionally, designated DMH staff now have access to DHS' ORCHID system which includes access to: basic demographics and insurance status, past visit history, clinical notes, diagnosis, medication lists, labs and other clinically relevant information. The DMH staff will also be able to see who the patient's current medical home provider and team members are and communicate and share care plans electronically with the patient's medical home team within the ORCHID system.

Members of this workgroup plan to meet and determine what the most effective approach is to provide primary and specialty care services for DMH clients who do not have a primary care provider or a medical home.

Housing and Supportive Services for Homeless

The County+City+Community (C³) Skid Row Homeless initiative was officially launched on January 4, 2016. DHS, DMH, DPH, City of Los Angeles, LAMP Community, Los Angeles Homeless Service Authority, United Way of Greater Los Angeles, and AmeriCorps have pooled staff and resources for this initiative. Four teams have been canvassing Skid Row five days a week with the aim of linking homeless individuals to services, health providers and housing. To date, 35 Skid Row homeless individuals have been assigned permanent housing.

Inter-Departmental Collaboration that Supports Health Agency Integration

On October 27, 2015, your Board requested that the three Departments launch a comprehensive health campaign for the residents near the Exide battery recycling plant. Staff from each of the Departments have jointly planned and developed a detailed set of community outreach services and activities. The launch of the community health campaign for residents impacted by the Exide plant will begin the week of March 15, 2016. Outreach efforts will include: public health education, access to cleanup resources and linkage to community health and mental health services. An informational and outreach campaign will also target local health providers, schools and faith-based organizations.

Financial Status of Each Department

Although the workgroups have discussed how to optimize funding streams, to date there have been no major changes in funding streams, sources or uses of funds.

Stakeholder Engagement

The Integration Advisory Board (IAB), created by your Board in the August 11, 2015 motion, has met three times since November 2015. Thus far, the IAB have met with Drs. Christina Ghaly and Alexander Li and chairs from the Consumer Access and Substance Use Disorder Benefits strategic priority workgroups. I plan to meet with the IAB in one of their upcoming meetings. The IAB will continue to meet with chairs from the other six strategic workgroups. These interactions will help the IAB develop their approach on how to best evaluate and assist the Health Agency achieve its goals.

In the past few months, I have met with the Mental Health Commission and the Los Angeles chapter of the National Alliance of Mental Illness as well as a number of other stakeholders to hear and address their concerns. I will continue to make myself available to community stakeholders.

Building upon a pre-existing 2013 DHS and Service Employees International Union (SEIU) labor-management partnership council, we expanded the group to include Departmental leadership from Mental Health and Public Health and the unions that represent all three Departmental staff. The participating union leaders include American Federation of State, County and Municipal Employees (AFSCME), Committee of Interns and Residents (CIR), International Union of Operating Engineers (IUOE), SEIU and Union of American Physicians and Dentists (UAPD). Since December 2015, we have met twice and will continue to meet regularly to discuss how best to support the Health Agency goals.

A tremendous amount of work has been done in a very short time. I expect that the Health Agency will continue to make progress and achieve the goals set forth by your Board to meet our County's health needs more effectively. I am grateful for your support.

If you have any questions or need additional information, please contact me at (213) 240-8101.

MHK:AL:rm

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Attachment A

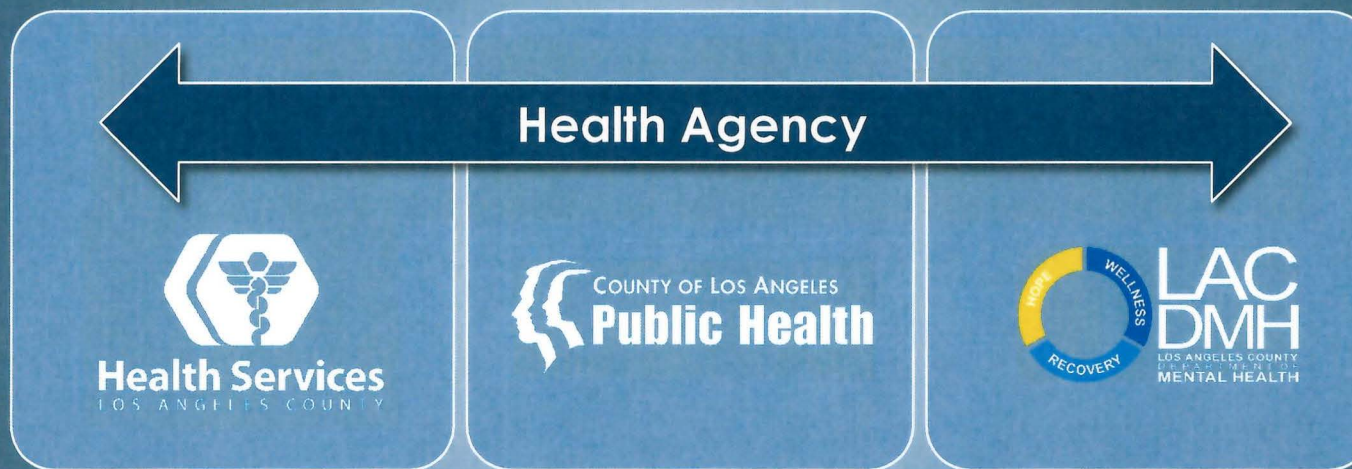
Priority	Lead	DHS workgroup participants	DMH workgroup participants	DPH workgroup participants
Consumer Access and Experience with Clinical Services	Christina Ghaly	<ul style="list-style-type: none"> • Nina Park • Shari Doi • Alex Li 	<ul style="list-style-type: none"> • Dr. Roderick Shaner • Cathy Warner 	<ul style="list-style-type: none"> • Debbie Davenport • Jim Green • David Dijkstra • Mario Pérez
Housing and Supportive Services for Homeless Consumers	Marc Trotz	<ul style="list-style-type: none"> • Cheri Todoroff • Larry Schneider 	<ul style="list-style-type: none"> • Maria Funk • Stacy Williams 	<ul style="list-style-type: none"> • Kim Harrison Eowan • Glenda Pinney • Cristin Mondy
Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis	Co-chairs: Mark Ghaly and Mary Marx	<ul style="list-style-type: none"> • Karen Bernstein • David Stone 	<ul style="list-style-type: none"> • Robin Kay • Dr. Roderick Shaner 	<ul style="list-style-type: none"> • Dr. Gary Tsai
Access to Culturally and Linguistically Competent Programs and Services	Dennis Murata	<ul style="list-style-type: none"> • Alex Li • Nina Vassilian • Gilbert Salinas 	<ul style="list-style-type: none"> • Sandra Chang-Ptasinski • Leticia Ximenez 	<ul style="list-style-type: none"> • Yon Silvia Shin • Jacqueline Valenzuela
Diversion of Corrections-Involved Individuals to Community-Based Programs and Services	Mark Ghaly (interim, pending hiring Director of Office of Diversion and Re-entry)	<ul style="list-style-type: none"> • Kristin Ochoa • Corrin Buchanan 	<ul style="list-style-type: none"> • Mary Marx • Flora Gil Krisiloff 	<ul style="list-style-type: none"> • Yanira Lima • Sonali Kulkarni

Attachment A

Implementation of the Expanded Substance Use Disorder Benefit	Wes Ford	<ul style="list-style-type: none"> • Karen Bernstein • Heidi Behforouz 	<ul style="list-style-type: none"> • Dr. Roderick Shaner • John Sheehe 	<ul style="list-style-type: none"> • Dr. Gary Tsai • Dr. John Connolly
Vulnerable Children and Transitional Age Youth	Bryan Mershon	<ul style="list-style-type: none"> • Karen Bernstein / Mark Ghaly • Astrid Heger 	<ul style="list-style-type: none"> • Terri Boykins • Greg Lecklitner 	<ul style="list-style-type: none"> • Anna Long • Sophia Rumanes • Elizabeth Norris-Walczak
Chronic Disease and Injury Prevention	Paul Simon	<ul style="list-style-type: none"> • David Campa • Marianne Gausche-Hill 	<ul style="list-style-type: none"> • Kathleen Kerrigan • Debbie Innes-Gomberg 	<ul style="list-style-type: none"> • Tony Kuo • Linda Aragon



Health Agency Report



Mitchell H. Katz, M.D., Health Agency Director

Cynthia A. Harding, M.P.H., Interim Director, Department of Public Health

Robin Kay, Ph.D., Acting Director, Department of Mental Health

February 2016 Update

Health Agency Workgroups

Eight (8) strategic priority workgroups established:

1. Consumer Access and Experience
2. Housing and Supportive Services for Homeless Consumers
3. Overcrowding of Psychiatric Emergency Departments
4. Culturally and Linguistically Competent Programs
5. Diversion of Corrections-Involved Individuals to Community-Based Programs and Services
6. Expanded Substance Use Disorder Benefit
7. Vulnerable Children and Transitional Age Youth
8. Chronic Disease and Injury Prevention

Consumer Access and Experience

- Developing Universal Consent and Release of Information
- Mental health specialists now serve as eConsult reviewers
- 21 DMH staff (psychiatrist, social workers, mental health counselors) have access to DHS' ORCHID system
 - Access financial screening and eligibility information
 - Coordinate care plans for medically and socially complex patients
 - DMH schedules DHS patients for mental health visits



Consumer Access and Experience

Nine (9) DHS/DMH co-located clinic sites

Co-Located Sites	Established
El Monte Comprehensive Health Center (CHC)	December 2010
Roybal CHC	February 2011
Long Beach CHC	September 2011
High Desert Regional Health Center	July 2011
Mid-Valley CHC	January 2012
Dollarhide Health Center	May 2012
Martin Luther King, Jr. Outpatient Center	January 2013
MLK Outpatient Center - Women's Clinic	July 2013
Lomita Family Medicine Clinic	June 2014

Consumer Access and Experience

Roybal Comprehensive Health Center's Diabetes Group Visit Program DHS and DMH Staff Working Together



Consumer Access and Experience

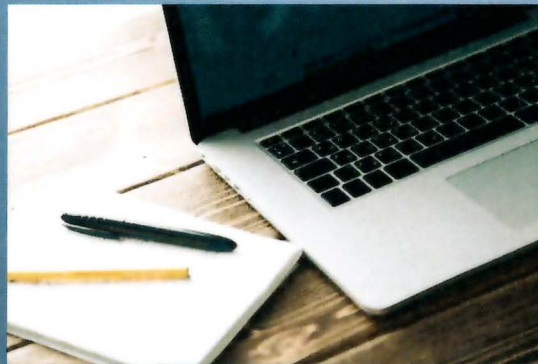
2 co-located DPH/DHS clinic sites and 3 identified for the future

- Share patient registration functions and resources

Currently Co-located	Identified for Co-location
Glendale Health Center	Curtis Tucker Health Center
Antelope Valley Health Center	Torrance Health Center
	North Hollywood Health Center

Electronic Health Record (ORCHID)

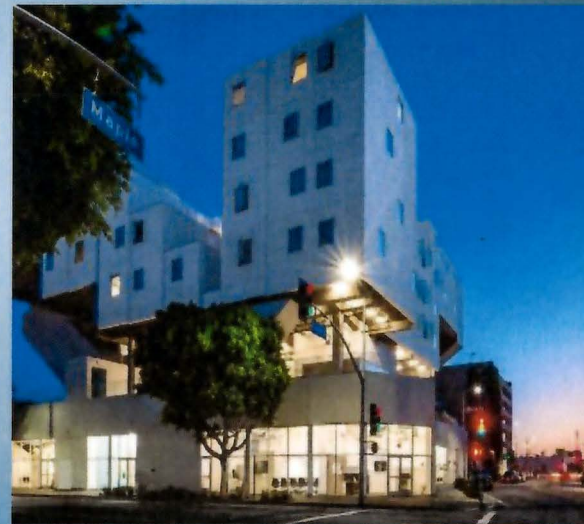
- DPH has joined the ORCHID Oversight Committee and participating in design and build efforts
- ORCHID roll-out to DPH clinics in mid to late 2016



Housing and Supportive Services for Homeless Consumers

Inventoried Housing Slots for the 3 Departments

General Bed Type Description	Number*
Post Acute/High Intensity	1,262
Shorter-Term Bridge	1,535
Longer-Term Bridge	1,145
Permanent	4,809
Grand Total	8,751



Star Apartments

*As of January 27, 2016

Housing and Supportive Services for Homeless Consumers



Next step is to create “one point of entry” that can identify and authorize the best available housing option

Housing and Supportive Services for Homeless Consumers



MLK Recuperative Care Center

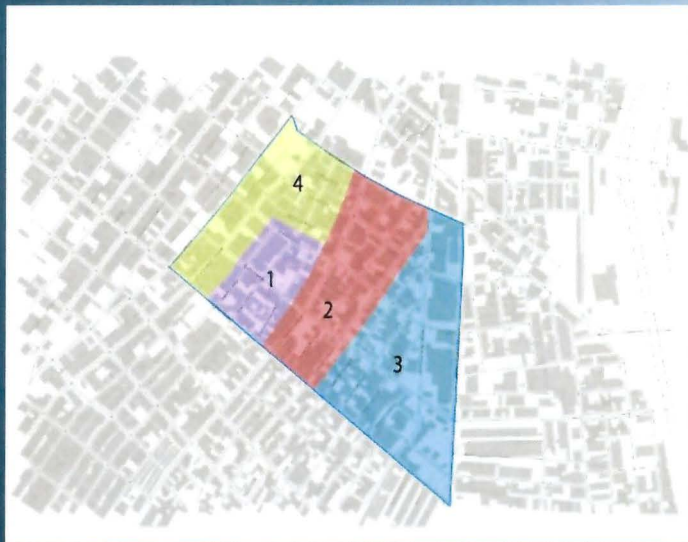
- First patient was admitted on January 19, 2016
 - Bed Capacity: 100

Housing and Supportive Services for the Homeless

County+City+Community (C³) Team

- Skid Row engagement began on January 4, 2016
- The C³ program has 4 teams and provides consistent street-based engagement with homeless individuals 5 days/week

C³ Skid Row Quadrants and Team Composition



Team Members	STAFF
DMH Social Worker/Psych D.	1
DHS/DPH Nurse	1
DPH Drug/Alcohol Counselor	1
LAHSA Emergency Response Team	1
AmeriCorps Members	2
TOTAL MEMBERS PER TEAM	6

Team has assigned 35 people to permanent housing.

Overcrowding of Psychiatric Emergency Departments

Mental Health Urgent Care Centers reduce the need to go to psychiatric emergency rooms

- Exodus Recovery Eastside
- Exodus Foundation MLK
- DMH-DHS Olive View UCC
- Telecare Mental Health Urgent Care Center
- Exodus Recovery Westside (opened Dec 2015)



Westside UCC

Overcrowding of Psychiatric Emergency Departments

- Identified key patient discharging resources (i.e. access to identification cards, food, shelter, clothes, etc...)



Future Steps

- Working with State and CMS to increase psychiatric reimbursement rates
- Developing dashboard for a “quick glance” of the Psychiatric ED and UCC capacity across LA County

Access to Culturally and Linguistically Competent Services

- Created a SharePoint website to share and maintain resources

Next Steps:

- Identify program similarities and regulatory needs
- Explore possible tri-Department contracts
- Share trainings to meet common cultural and linguistic needs

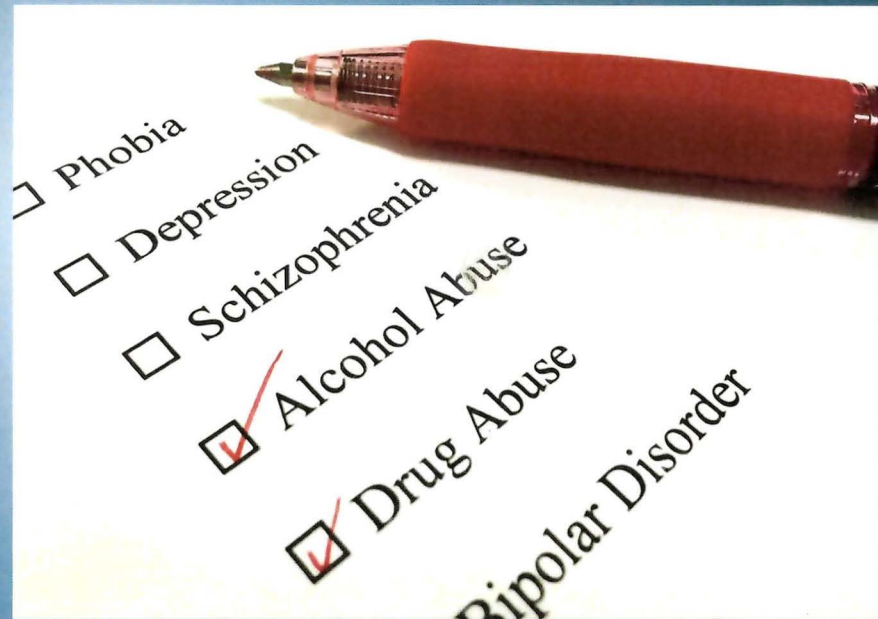


Diversion of Corrections-Involved Individuals to Community-Based Programs and Services

- Dashboard to track total persons diverted from jail
 - 80 persons diverted to date
 - Of these, 60 were “misdemeanor incompetent to stand trial” clients
- First LA County run sobering center is planned to open this Summer
- Critical Incident Training (CIT) for 350-400 LASD deputies will occur each year for the next 5 years

Expanded Substance Use Disorder Benefit

- Provide sober living programs as an optional benefit under the Drug Medi-Cal waiver
- DMH staff to train DHS on substance use screening
- DPH staff to train DHS and DMH staff on referring patients with substance abuse issues
- DPH plans to assist DMH, DHS, and community clinics to become Drug Medi-Cal certified and provide treatment services

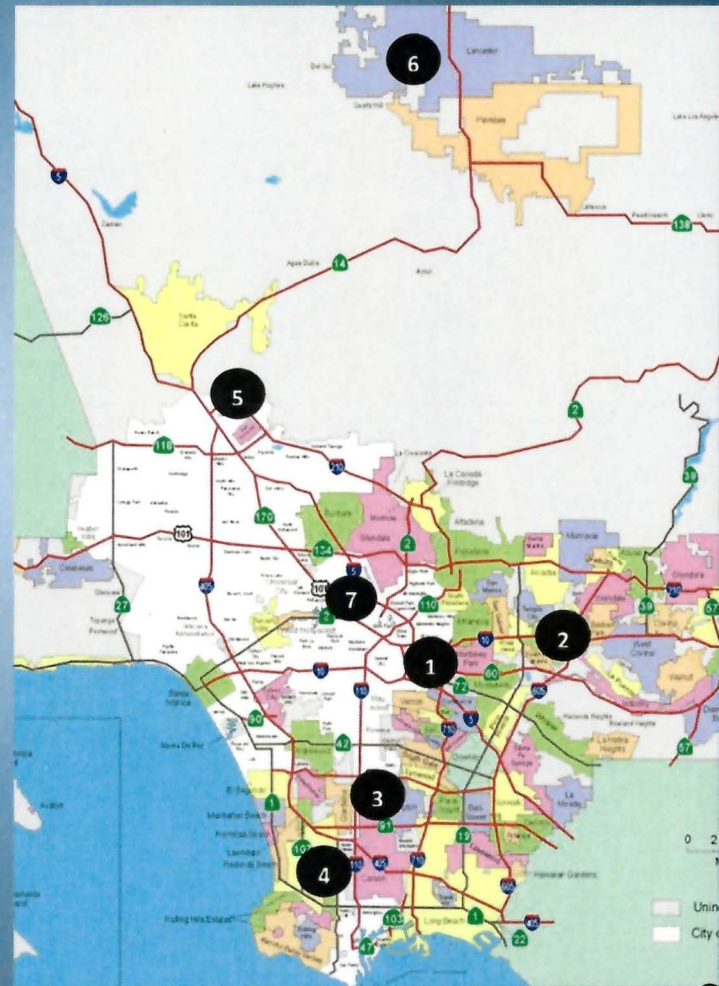


Vulnerable Children and Transitional Age Youth

Medical Hubs serve as a main entry point for high need youth, Transitional Age Youth (TAY), Commercially Sexually Exploited Children (CSEC), and LGBTQI2-S.

1. LAC+USC VIP Hub
2. East San Gabriel Valley Hub
3. MLK Hub
4. Harbor-UCLA Hub
5. Olive View-UCLA Hub
6. High Desert Hub
7. Children's Hospital LA Hub

All Hubs will have mental health staff.



Vulnerable Children and Transitional Age Youth

Next steps:

- Coordinate assessments, treatment and referrals
- Integrate substance use prevention and treatment services
- Share information through eMHub and through EHRs.



East San Gabriel Valley Hub

Chronic Disease and Injury Prevention

Programs to start in 2016.

Expand Youth Violence Programs

- DHS has shifted \$685,000 of Measure B (Trauma) funding to DPH to expand the Parks after Dark Program.



Expand Disease Prevention and Management Programs

- DPH received federal funding to train DHS and Community Partner clinics on the Diabetes Prevention Program.
- DPH will train DHS and DMH providers on best practices for tobacco cessation.

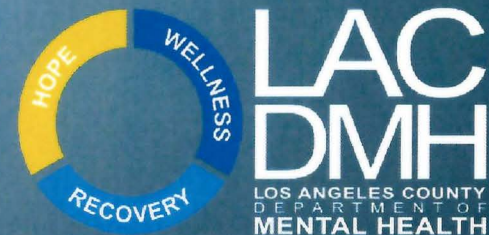
Inter-Departmental Support

Exide Community Outreach Effort

- Jointly conduct outreach
- Provide health screening and services
- Information will be stored in ORCHID

Aliso Canyon (Porter Ranch) Natural Gas Leak

- DPH provides community education and updates and monitors community health
- DHS is providing support for media and health information requests
- DMH will provide support for community engagement



Key Stakeholder and Engagement Efforts

Integration Advisory Board (IAB):

- Monthly meetings since November 2015
 - Meeting with key DHS, DPH and DMH staff involved with the Health Agency strategic priority areas

Community Prevention and Population Health Task Force

- Appointments will be finalized March 2016
- DPH will convene meetings beginning in April/May 2016
 - Will develop public health priorities
 - Workgroups will collaborate on and develop solutions for these priorities

Key Stakeholder and Engagement Efforts

Increase Consumer/Patient Participation

- Leverage DMH's community stakeholder infrastructure to provide DHS and DPH consumers with necessary resources to participate in future stakeholder engagement efforts

Labor Management Transformation Council (LMTC):

- Senior leadership from the unions (AFSCME, CIR, SEIU, Teamsters and UAPD), DHS, DPH and DMH are meeting regularly to support integration efforts
 - Formed an Integration Task Force
 - Co-sponsoring the first Health Agency Virtual Town Hall

Key Stakeholder and Engagement Efforts

March 2, 2016. First Health Agency Town Hall

- Health Agency Town Hall will feature Mitch Katz, Robin Kay, Cindy Harding, Jeffrey Gunzenhauser and union partners
- 20 sites will see the live broadcast
- Town hall will be recorded and available online





We have just started and there is tremendous support,
and momentum to succeed.

Health Agency



May 3, 2016

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Mitchell H. Katz, M.D.
Director, Health Agency

Robin Kay, Ph.D.
Interim Director, Department of Mental Health

Cynthia A Harding, M.P.H.
Interim Director, Department of Public Health

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*
Director

SUBJECT: **HEALTH AGENCY UPDATE
(ITEM #S-1, AGENDA OF AUGUST 11, 2015)**

On August 11, 2015, your Board approved the establishment of a Health Agency to integrate the activities related to strategic priorities across the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH).

Your Board also established a quarterly set item on the Board Agenda in which the Health Agency, DMH, and DPH Directors report on the following topics: (a) Progress in achieving agency goals and specific indicators and outcome measures; (b) Financial status of each Department, including any notable changes in funding streams, sources and uses of funds by program and provider type, and number of individuals served; and (c) Stakeholder engagement process. On February 16, 2016 the Board had various directives for the Agency and updates are provided below.

Progress in Achieving Agency Goals

Since the last Board update, further progress has been made to advance the Health Agency's role to achieve the Health Agency's mission and goals, integrate the three Departments and engage stakeholders in the process. A Health Agency planning tool (an example of the tool is in the attachment) has been created for the workgroups that shows a map of the three Departments' county-operated and contracted clinical programs. The planning tool can be used to identify physical, mental health, and substance abuse services in a geographic area to encourage collaboration and innovation between providers from different disciplines.

Additionally, we have a profile of patient/client demographics that will assist with planning. The workgroups have also begun to catalogue the planned activities and are working towards how to assess



the impact of the health and wellness of those the Health Agency serves.

The next step is to develop an overall Health Agency dashboard that will track the progress made. We will share the dashboard with your Board as soon as it is available. In addition, a Health Agency website is in development that will provide updates on the Health Agency's progress and its eight strategic priority areas. Below are highlights of the work of a few strategic priority areas. An update on all of the eight strategic goals is attached to this memo.

Consumer Access to and Experience with Clinical Services

This workgroup has been focusing on initiatives such as eConsult and co-location of services that will enhance customer experience by streamlining and integrating services across the three Departments.

eConsult: The eConsult referral platform enables providers to link patients to needed specialists in a virtual health neighborhood. If a face-to-face visit is needed after the consultative exchange, dedicated schedulers can work with the patient to schedule an appointment with a specialist at a time and location that is convenient for the patient. Currently, DHS, DPH, and My Health LA providers use the eConsult platform. As of March 2016, all of the providers have access to all 64 eConsult specialties. As part of the Health Agency's *Consumer Access to and Experience with Clinical Services*' goal, the plan is to implement eConsult to all of the DMH directly-operated clinics. The roll-out will begin this summer.

In order to better support the DMH and DPH providers, a general medicine (adult and pediatrics) eConsult specialty service, will be created. DMH and DPH providers will be able to access eConsult advice for patients/clients who need non-emergent general medicine advice and who do not have access to a primary care provider. DMH and DPH specialists will continue to provide support to DHS and MHLA primary care providers in specialty areas such as mental health, tuberculosis and Zika virus.

Co-location, Service and Facility Planning Efforts: The purpose of co-locating clinical services is to integrate operations so that patients do not need to go to multiple offices to register or obtain services. Currently there are six identified DPH sites where DHS and DPH services will be integrated and 12 DHS clinical sites where DHS and DMH are co-located. The three Departments are in discussion to identify future opportunities to co-locate.

In addition to exploring co-location opportunities, we are also exploring regional partnership models. As previously mentioned, the development of a comprehensive Health Agency planning tool enables staff to identify key partners (county-operated or contracted) to optimize access to services for the patient or client.

Housing and Supportive Services for Homeless Consumers

The aim is to link homeless or those at risk for homeless with the appropriate health, housing, and supportive services. This strategic workgroup is developing a consistent method for identifying and engaging homeless and those at risk for homelessness across the three Departments.

During this last reporting period, DPH submitted a grant application to the Robert Wood Johnson Foundation to conduct a study on the effectiveness of the DHS Housing for Health (HFH) permanent supportive housing model. The grant is expected to fund an assessment from June 2016 through June 2018. This grant will enable us to examine the effectiveness of the permanent supportive housing model we have in place, which includes affordable housing, rental subsidies, health and supportive services for tenants and its impact on health outcomes and health care utilization.

On February 16, 2016, your Board requested an update on the number of housing slots available to those with substance abuse, and whether there is a plan to expand the number of slots. We currently have access to 1,304 treatment slots/beds. Below are the broad categories of treatment slot/bed types and their associated maximum length of stay.

Type/Description	Target Population	Number of Slots/Beds	Maximum Length of Stay (Days)
Residential Medical Detoxification	Individuals with substance use disorders	49	9
Residential Treatment	Individuals with substance use disorders	1226	90-120
Alcohol and Drug Free Living Centers	Individuals with substance use disorders who participate in drug court and are enrolled in drug court outpatient treatment services	29	90

As part of the Drug Medi-Cal Waiver, there are also plans to increase the number of residential treatment services. On March 29, 2016, thanks to your Board's support, you approved 26 Substance Use Disorder contracts that provide bridge funding while work takes place to implement the Waiver. This bridge funding and subsequent implementation of the Waiver will assist our goal to greatly expand residential treatment services.

Your Board also requested information on what is being done to expand housing options for women with children and to address the lack of sufficient shelter in the San Gabriel Valley. The Los Angeles Homeless Services Authority (LAHSA) operates the Homeless Family Solution System (HFSS), which is the coordinated entry system for homeless families in Los Angeles County that can be accessed via 211. Each Service Planning Area has a Family Solution Center (FSC) and in San Gabriel Valley, the FSC

is Union Station. The lack of sufficient shelter across areas like San Gabriel Valley continues to be a challenge and we are working closely with LAHSA and other community organizations to recruit more shelters and housing.

Diversion of Corrections Involved Individuals to Community-based Programs and Services

This strategic priority focuses on successful diversion of corrections-involved persons with mental illness and addiction who may otherwise have spent time in county jail or State prison by linking them to structured, comprehensive, health programming and permanent housing as tailored to the unique individual's situation and needs. A status report was submitted to your Board on March 14, 2016 detailing the current progress made. With the new funding approved by your Board, my team has been in active recruitment of staff as well as setting up a sobering center in Skid Row. The sobering center is one example of the innovative projects that the ODR is undertaking. We will continue to share more information on the status of opening this center.

Implementation of the Expanded Substance Use Disorder Benefits

Substance Abuse Prevention and Control (SAPC) is now situated under the Health Agency's Community Health Division. The Health Agency continues to support the development of a Drug Medi-Cal Organized Delivery System (DMC-ODS), which will expand access to a range of additional benefits to address substance use disorder (SUD) services for qualified patients/clients.

The DMC-ODS fulfills an unmet need in the continuum of care for many of the most vulnerable residents who use County and private health systems or interact with the criminal justice system. In addition to the available current outpatient, intensive outpatient, and narcotic treatment programs, the additional benefits include case management, medication-assisted treatment, recovery support services, residential treatment, and withdrawal management. SAPC staff are working diligently with Center for Medicare and Medicaid Services (CMS), the State, and local service providers to roll out services for SUD patients served by the Health Agency Departments and community providers.

Chronic Disease and Injury Prevention

The overall objective of this priority is to align and integrate population health strategies with personal health care services so that County of Los Angeles clients can benefit from both the receipt of quality chronic disease management services and thrive in safe and healthy communities.

A number of initiatives are currently underway to strengthen the linkage between personal and population health, including the scale and spread of chronic disease prevention and management programs like the National Diabetes Prevention Program; access to evidence-based tobacco cessation treatment; and evidence-based programming to reduce trauma and violence. The Parks After Dark (PAD) program, exemplifies the nexus and the opportunities for linking services and resources from DHS, DMH, DPH, and the community.

The PAD Program aims to reduce violence and trauma and to promote social cohesion in high-risk communities. With the planning work done by the Health Agency's *Chronic Disease and Injury Prevention* strategic priority workgroup, a more expansive framework for the program has been developed. When geographically feasible, the PAD program will link DHS, DMH and DPH clinics, community organizations, and community resources together to create health neighborhoods committed to reducing violence and trauma and improving health. For example, as part of this broader trauma and violence prevention initiative, the PAD program will work with the Health Agency clinics and community organizations to promote evidence-based programs for community members, patients, clients, and family members who use DHS, DMH and DPH services. Promotional and educational programs like DMH's mental health first aid (MHFA) will be offered to assist community residents in recognizing and managing trauma-related mental health conditions. The PAD program will also work closely with the Emergency Medical Services (EMS) Agency to track trauma and other related metrics to provide a proxy of the progress made over time.

Additional Integration Activities

Recently, the Health Agency has had an important presence in the response to both the Aliso Canyon Gas Leak in Porter Ranch and the Exide Battery Recycling Plant in Vernon. The three Health Agency departments worked collaboratively to implement a number of action steps that have been reported to your Board as part of the updates on both these environmental disasters. The collaboration between the three departments resulted in greater understanding of each department's mission, resources and roles, and has resulted in more robust community engagement campaigns and streamlined access to County services. A recent video has been produced by the CEO's office highlighting this effort in the communities surrounding Exide. The video can be accessed here: <https://vimeo.com/162121768>.

Financial Status of Each Department

At the February 16, 2016 Board meeting, your Board requested information on whether there is a need to change and expand the criteria or combine funding streams. All three Departments have maintained separate budgets as directed by your Board in the creation of the Health Agency. However, the Departments will continue to look for opportunities to consolidate and leverage funding to integrate services and support for patients. The Medi-Cal 1115 Waiver's Whole Person Care initiative, for example, aligns well with our Health Agency goals and mission and further integrates services to meet the person's needs. Below is a brief update of the Whole Person Care Waiver initiative.

Whole Person Care (WPC) Waiver: The overall framework of the "whole person care" approach is to support delivery systems like ours with a large number of vulnerable patients and high risk populations to develop the appropriate infrastructure to meet the person's health (behavioral, medical and substance use) and social service needs. The WPC is a new component to the 1115 Waiver renewal and the details of the program

are still in development at the State level. The Health Agency was informed that it should be ready to submit an application this summer. If approved, this program will start in FY 17-18. Much planning and work will be needed to define the target populations, identify health and social service support, and work with the California Department of Health Care Services (DHCS) to establish reimbursement mechanisms. The Health Agency intends to submit the application to DHCS once the call for applications is released.

Stakeholder Engagement

On March 2, 2016, we convened the first virtual Health Agency town hall. The panelists included Dr. Robin Kay, Cynthia Harding, Dr. Jeffrey Gunzenhauser, senior labor leaders, and me. The labor leaders present included Dr. Stuart Bussey (UAPD), Gavin Koon (I.U.O.E. Local 501), Theodora McKenna (AFSCME local 2712) and Bob Schoonover (SEIU 721). Alina Mendizabal, a DHS staff and SEIU 721 member, facilitated the discussion. The town hall centered on how we all can work together to fulfill the Health Agency's mission and goals and presented staff an opportunity to ask questions directly to Health Agency and union leaders. This town hall was broadcasted and recorded for all Health Agency staff to see. It is estimated that over 700 staff were able to view the town hall live and recordings are now available on departmental intranet sites. Future Health Agency town hall meeting, along with DMH and DPH specific town hall meetings, are being planned for this summer.

Health Agency and union leaders also continue to meet regularly as part of our partnership to transform our system. The focus of these meetings is to create a common Health Agency labor and management culture and practice with staff engagement and improve services for patients and clients that we serve.

Besides working closely with our union partners, members of my team and I are also actively engaged with the Health Agency Integration Advisory Board (IAB) and community stakeholders. Four Strategic Priority workgroup chairs have spoken at the IAB meetings. I also spoke at the IAB meeting on April 27, 2016 and responded to their questions they raised in their first bi-annual report to your Board. I have also spoken with a number of key community stakeholder organizations in the past few months. A list of those stakeholder organizations is included in the attachment. I will continue to make myself and members of my team available to provide updates and gather stakeholder input.

Additional Follow Up from the February 16, 2016 Board Meeting

Medical services at the Lynwood Jail: Your Board requested information on the medical and dental appointment process at the Century Regional Detention Facility (CRDF or Lynwood Jail for Women) and the efforts to provide sufficient services. The Sheriff's Medical Services Bureau (MSB), in collaboration with DHS, has been working to enhance patient care throughout custody facilities, including CRDF. The recent identification and introduction of additional physicians and other healthcare providers

continues to assist MSB to reduce the backlog of clinical appointments. These additional resources will help mitigate problems caused by existing vacancies. Pending the transition of all clinical services to DHS, MSB and DHS have streamlined the recruitment and application process for jail healthcare personnel, and now have eight (8) new physician candidates in the hiring process.

As for current services provided at CRDF, routine dental care is now being provided within two months of the request. Priority is also given to pregnant women and inmates needing urgent or emergent medical and dental care. Female patients are currently waiting approximately three weeks to see a provider for routine (non-urgent/emergent) needs. Pregnancy testing is universally offered upon entry into the custody system and all pregnant women are seen within 72 hours.

The ongoing transition of services from MSB to DHS has promoted increased communication, review of processes and resulted in overall systems improvement in patient care.

Deferred Maintenance: Your Board requested information on how the three Departments plan to prioritize facilities in need of upgrades and repairs, and also for the Health Agency to review its portfolio to identify savings that could be realized by optimizing facility use. The administrative deputies and staff are collecting the necessary information to review the portfolio together on how best to address this critical issue, keeping in mind the goal of improved customer service and access for patients.

Summary

The Health Agency continues to make progress on the goals set forth by your Board to meet the health needs of our County residents more effectively. If you have any questions or need additional information, please let me know.

MHK:AL:rm

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors



Health Agency Report



Mitchell H. Katz, M.D., Health Agency Director

Cynthia A. Harding, M.P.H., Interim Director, Department of Public Health

Robin Kay, Ph.D., Acting Director, Department of Mental Health

May 2016 Update

Health Agency Strategic Priorities

1. Consumer Access and Experience
2. Housing and Supportive Services for Homeless Consumers
3. Overcrowding of Psychiatric Emergency Departments
4. Culturally and Linguistically Competent Programs
5. Diversion of Corrections-Involved Individuals to Community-Based Programs and Services
6. Expanded Substance Use Disorder Benefit
7. Vulnerable Children and Transitional Age Youth
8. Chronic Disease and Injury Prevention

Consumer Access and Experience

Health Agency Clinic Resources in South Los Angeles



SAPC SUD Treatment
Provider Locations



DMH Clinic Locations



DHS Clinic/Hospital
Locations



Public Health Center
Locations



MHLA Clinic



Health Services Medical Hub



Parks After Dark
Locations

Consumer Access and Experience

Cross-walked registration and financial screening.

- Departments collect similar demographic information
- Registration and financial screening could be streamlined if information could be shared or on single platform.

Completed the development of a universal consent form

- Next step: implement across the three departments



Consumer Access and Experience

Demographic information FY 14/15

Age

	LA County (~10M)	DHS (~570,000)	DMH (~255,000)	DPH SAPC (~60,000)	DPH Clinics (~56,000)
0-17	23%	18%	37%	9%	23%
18-64	65%	75%	60%	91%*	73%
65+	12%	7%	3%		4%

Gender

	LA County (~10M)	DHS (~570,000)	DMH (~255,000)	DPH SAPC (~60,000)	DPH Clinics (~56,000)
Female	51%	54%	46%	37%	50%
Male	49%	46%	54%	63%	50%

* 91% includes all adults ages 18 and over

Consumer Access and Experience

- All DHS, DPH public health and My Health LA (MHLA) clinics are on eConsult.
- DPH public health clinic providers can access DHS and DMH specialties through eConsult (125 to date).
 - Top 3 eConsulted specialties:
 - Gynecology
 - Infectious Disease
 - Dermatology
- DHS and MHLA providers can access DPH TB and Zika virus specialists.
 - 25 eConsults to date.



Consumer Access and Experience

- Since November 2015, DHS, DPH and MHLA clinics have submitted 1,500 eConsults to mental health.
 - Around 78% resulted in recommendation for a face to face visit with a DMH provider.
- Roll-out of eConsult for DMH directly operated clinics will begin this summer.



Consumer Access and Experience:

DHS and DPH plan to integrate the following services at co-located sites:

- Registration, medical (primary care, STD, TB, Triage & Immunizations) and facility staff.

Electronic Health Record (ORCHID) roll-out update:

- DPH is completing the scope of work & infrastructure work needed with DHS ORCHID Team & DPW
- DPH clinic staff is shadowing DHS clinic staff
- Plan for late Fall/Winter 2016 roll-out.



Housing and Supportive Services for the Homeless

County+City+Community (C³)

- Four C³ multi-disciplinary teams are in Skid Row 5 days/week.

January 4, 2016 to April 8, 2016 C3 Outcomes

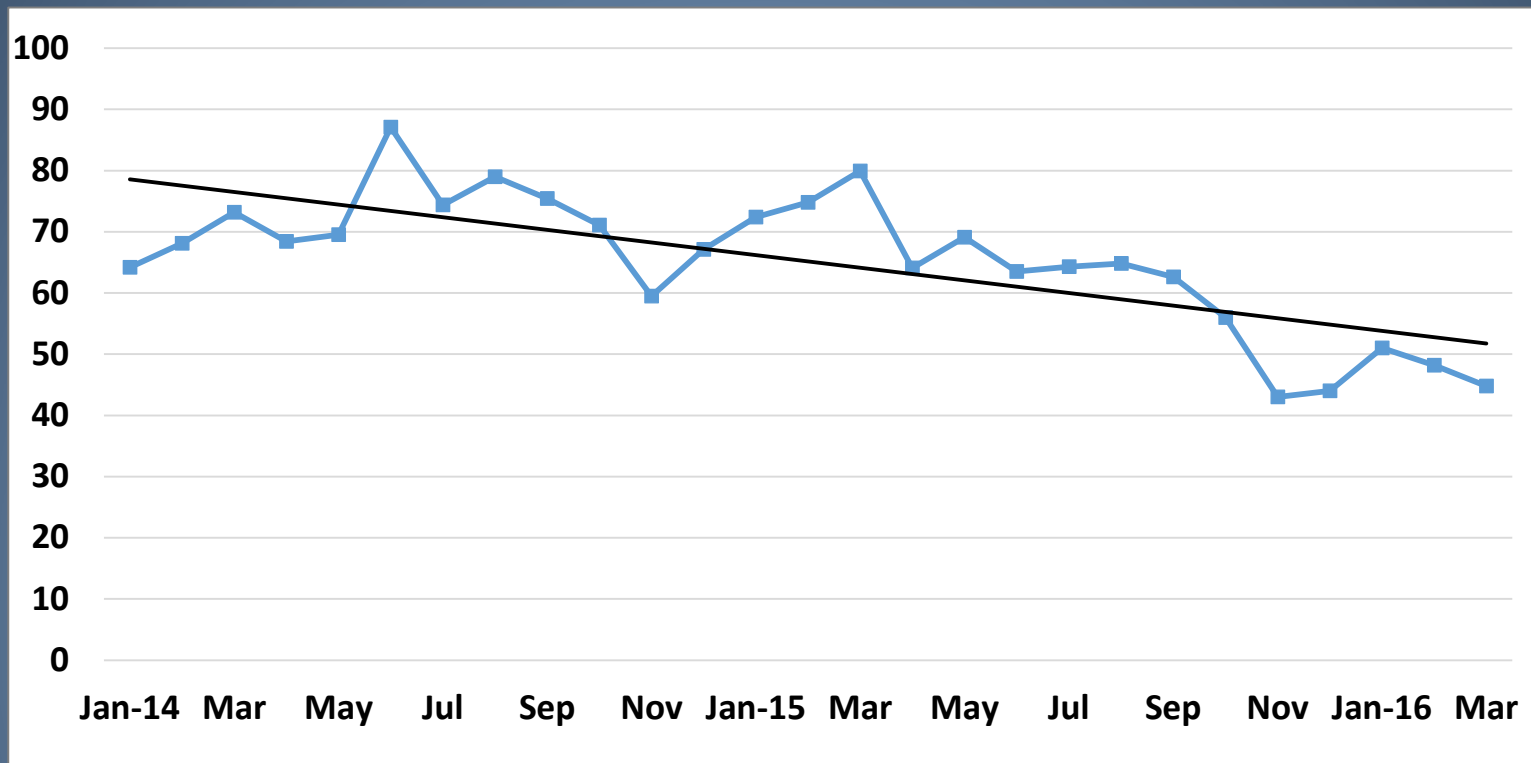
People Engaged	823
People Assisted	398
Interim Housing Placements	204
<ul style="list-style-type: none">• Shelter -145• Substance Abuse Treatment – 41• DHS Recuperative Care – 18	
Assigned to Permanent Housing (has a rental subsidy and working with case manager to identify a unit)	172
Moved into Permanent Housing	15

Psychiatric Urgent Care Centers decrease Overcrowding of Emergency Departments

Urgent Care Centers	Unique Clients Dec. 2015	Unique Clients Jan. 2016	Unique Clients Feb. 2016
DMH Olive View UCC	562	568	488
Exodus Eastside UCC	1,158	1,209	1,085
Exodus MLK UCC	826	767	755
Exodus Westside UCC	130	312	352
Telecare MHUCC	168	150	168

Overcrowding of Psychiatric Emergency Departments

DHS Psychiatric Emergency Department Morning Census
January 2014 through March 2016)



Access to Culturally and Linguistically Competent Services



Created a SharePoint website to share and maintain resources



Gathered information on client demographics

ONGOING

Exploring tri-Department contracts

ONGOING

Creating inventory of trainings to meet common cultural and linguistic needs

Access to Culturally and Linguistically Competent Services

Race and Ethnicity FY 14/15

	LA County (~10M)	DHS (~570,000)	DMH (~255,000)	DPH SAPC (~60,000)
Hispanic/Latino	48%	65%	47%	44%
African-American	9%	14%	24%	17%
White	27%	11%	18%	33%
Asian/Pacific Islander	15%	6%	4%	2%
Native American	1%	<1%	<1%	1%
Other/Unknown		4%	7%	3%

Access to Culturally and Linguistically Competent Services

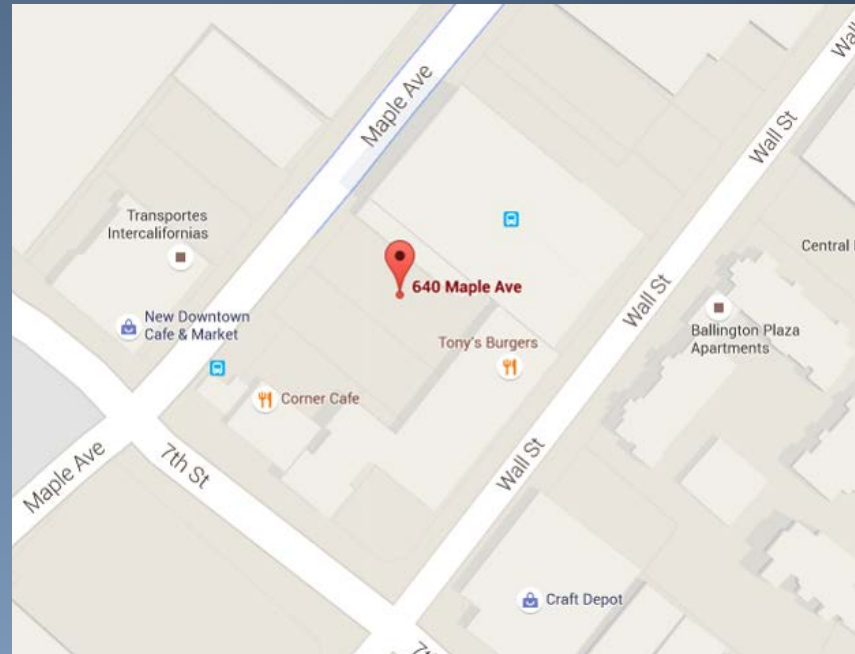
Telephonic Interpretative Services Provided (minutes)			
	DHS	DMH	DPH
January 2016	99,879	2,250	7,353
February 2016	103,210	2,884	8,120
March 2016	115,871	3,826	Unavailable

Top 3 Languages Requested		
DHS	DMH	DPH
1. Spanish	1. Spanish	1. Spanish
2. Mandarin	2. Farsi	2. Mandarin
3. Korean	3. Armenian (Jan-Feb) Korean (March)	3. Farsi

Diversion, Homeless and Supportive Services

Sobering Center

- 24-hour/7-day
- Serve individuals who may otherwise be sent to hospitals and jails
- Work with first responders to ensure individuals can safely sober at the Center
- Detox and residential options will be provided



In Progress

- On track towards Summer/Fall opening

Diversion of Corrections-Involved Individuals to Community-Based Programs and Services

Diversion from jail

- 107 are misdemeanor incompetent to stand trial clients.

Case Managed Clients with Behavioral Health Needs

Fiscal Year (FY)	# of Referred Clients to DMH*		No LA County Jail contact in the 12 months after initial case management
FY 14-15	Male	843	76%
	Female	216	89%
FY 15-16 (YTD)	Male	494	
	Female	94	

* Clients referred to the DMH County Resource Management Division from early prison release and other programs.

Enhancing Substance Use Disorder Benefits: Drug Medi-Cal Organized Delivery System (DMC-ODS)

- On February 11, 2016, DPH-SAPC submitted its implementation plan to the Federal Centers for Medicare and Medicaid Services, and California Department of Health Care Services (DHCS)
- DPH-SAPC anticipates submitting its fiscal plan to DHCS in May 2016
- In February 2016, DPH-SAPC launched five stakeholder workgroups to operationalize key elements of the DMC-ODS:
 - System of Care
 - Quality Improvement and Utilization Management
 - Integration of Care
 - Delivery System Innovations and Capacity Building
 - System Operations

Transitional Age Youth

Medical HUBS team consist of:

- DCFS social workers
- DHS physicians, nurses, and medical case workers
- DMH staff are being hired across the Medical HUBS (new)
- DPH Public Health Nurses

DMH staff are now co-located at:

- MLK, Jr. Outpatient Center
- Olive View-UCLA
- High Desert Regional Health Center

Mental Health Impact

As of April 2016, 735 youth identified with mental health needs at the three co-located HUBs



MLK, Jr. Outpatient Center HUB

Chronic Disease and Injury Prevention

Disease Prevention and Management Programs

- Scaling up the Diabetes Prevention Program
- Increasing access to tobacco cessation treatment
- Continuing Healthy Design Workgroup collaboration

Trauma Prevention Initiative

- Adding 12 additional Parks After Dark for 2016, which link communities with Agency resources
- Utilizing Measure B funds for a community action plan to reduce trauma and community-based interventions in hot spot areas

Inter-Departmental Support

- The three Departments' chief information technology officers now report to the Health Agency.
- Information technology leadership teams plan to meet regularly.
 - Key Organizing Principles:
 - Leverage existing IT platforms to better support Health Agency staff and patients/ clients
 - Share best practices and explore efficiencies (ie. enterprise help desk)
 - Review and develop IT governance processes to develop a Health Agency IT governance process.

Inter-Departmental Support

Exide Community Health Outreach Involving Health Agency and DPSS Staff

- 10 community outreach events held (3 Health Fairs and 7 Neighborhood Events)
- DPH nurses and health educators made home visits to residents
- DMH *promotoras* conducted neighborhood canvassing
- DHS clinics provide health screening and services

Impact to Date

- 1,244 households canvassed



Key Stakeholder and Community Engagement

First Health Agency Town Hall: March 2, 2016

- Health Agency: Mitch Katz, Robin Kay, Cindy Harding, and Jeffrey Gunzenhauser
- Union Leaders: Stuart Bussey, (UAPD) Gavin Koon, (I.U.O.E Local 501); Theodora McKenna (AFSCME local 2712); Bob Schoonover (SEIU 721)
- Broadcasted live to 189 sites
- Approximately 700 people watched the town hall live
- Recorded and available online



Key Stakeholder and Community Engagement

ORGANIZATION	MEETING DATE
Hospital and Health Delivery Commission	1/7/16
Mental Health Commission (Met with Executive Team)	1/14/16
National Alliance on Mental Illness	1/16/16 4/27/16
Health Consortium of Greater San Gabriel Valley	3/15/16
UCLA CTSI/CTSI – Healthy Aging Initiative Convening	3/22/16
Los Angeles County Commission on Disabilities	4/20/16
Integration Advisory Board	4/27/16



We continue to move forward and there is tremendous support and momentum to succeed.